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U.S. PTO

PTO/SB/50 (06-03)

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	56249-PHLL-157RE
	First Named Inventor	Mark Dinsmore
	Original Patent Number	6,493,419
	Original Patent Issue Date (Month/Day/Year)	December 10, 2002
	Express Mail Label No.	EV305060168US

APPLICATION FOR REISSUE OF:

(Check applicable box)

 Utility Patent

Design Patent

Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

ACCOMPANYING APPLICATION PARTS

<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)</p> <p>2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)</p> <p>5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (unexecuted) (37 C.F.R. 1.175) (PTO/SB/51 or 52)</p> <p>6. <input checked="" type="checkbox"/> Power of Attorney</p> <p>7. <input checked="" type="checkbox"/> Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) (unexecuted) <input checked="" type="checkbox"/> 37 C.F.R. 3.73(b) Statement (unexecuted) (PTO/SB/96)</p> <p>8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table</p> <p>9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Form (CFR)</p> <p>b. Specification Sequence Listing on: i <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii <input type="checkbox"/> paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p>	<p>10. <input type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173(c).</p> <p>11. <input type="checkbox"/> Original Patent Grant <input type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55)</p> <p>12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)</p> <p>13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)</p> <p>15. <input checked="" type="checkbox"/> Preliminary Amendment</p> <p>16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>17. Other: <u>Express Mail Cover Sheet</u> <hr/> <hr/> </p>
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18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number:	23,630	OR <input type="checkbox"/> Correspondence address below
Name	McDermott, Will & Emery	Attn: Mark G. Lappin
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Country	USA	Telephone 617-535-4043 Fax 617-535-3800

Name (Print/Type)	Elizabeth E. Kim	Registration No. (Attorney/Agent)	43,334
Signature	Elizabeth E. Kim	Date	01-03-2004

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number
56249 (PHLL-157RE)

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 21	Total Claims (37 CFR 1.16(j))	(B) 30	**** 9 =	x \$ 9 =	\$81	or x \$ 18 =	\$162
(C) 2	Independent claims (37 CFR 1.16(l))	(D) 5	* 3 =	x \$ 42 =	\$126		\$258
Basic Fee (37 CFR				\$375		\$750	
Total Filing Fee				\$582		\$1,170	

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$ 9 =	\$0	x \$ 18 =	\$0
Independent Claims (37 CFR 1.16(l))	***	MINUS	*****	=	x \$ 42 =	\$0	x \$ 84 =	\$0
Total Additional Fee				\$0		OR		\$0

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

Applicant claims small entity status. See 37 CFR 1.27.

Please charge Deposit Account No. 50-1133 in the amount of \$1,170.
A duplicate copy of this sheet is enclosed.

The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 50-1133.
A duplicate copy of this sheet is enclosed.

A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

March 1, 2004

Date

43,334

Registration Number, if applicable

Elizabeth E. Kim

Signature of Applicant, Attorney or Agent of Record

Elizabeth E. Kim

Typed or printed name

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutess to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450.

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CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)Applicant(s): **Mark Dinsmore**

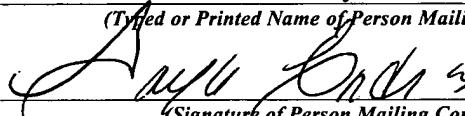
Docket No.

56249 (PHLL-157RE)Serial No.
TBAFiling Date
HerewithExaminer
TBAGroup Art Unit
TBAInvention: **OPTICALLY DRIVEN THERAPEUTIC RADIATION SOURCE HAVING A SPIRAL SHAPED THERMIONIC CATHODE**

I hereby certify that the following correspondence:

New Reissue Application of U.S. Patent No. 6,493,419, Preliminary Amendment, Statement Under 37 CFR 3.73(b), Assent of Assignee to Reissue, Combined Declaration and Power of Attorney in Reissue Application, Reissue Application Fee Transmittal Form, Reissue Patent Application Transmittal and Acknowledgment Postcard.*(Identify type of correspondence)*

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

March 1, 2004*(Date)***Gayle Endres***(Typed or Printed Name of Person Mailing Correspondence)*
*(Signature of Person Mailing Correspondence)***EV305060168US***("Express Mail" Mailing Label Number)***Note: Each paper must have its own certificate of mailing.**